

Development and Resource Management Department Jennifer K. Clark, AICP, Director

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ZONE CLEARANCE

	riously approved business / use siness / by-right use, no associate	ed physical development	
Business Name:		· · · · · · · · · · · · · · · · · · ·	
Business Address:		·····	
Owner / Manager Name (please	print)	· · · · · · · · · · · · · · · · · · ·	
Business Phone #:	Owner/Manager Cell #		
	eral location and/or type of property who yees; and the hours and weekdays		
that the zoning of this property a the site, including interior or ext	Jusiness, I acknowledge the following llows the business described above; terior changes to the building, may opprovals may be required; and busing lly operate in the City of Fresno.	any physical modifications to equire additional permits or	
Signature of Owner / Manager		Date	
BOXES E	BELOW ARE FOR CITY STAFF TO COMPL	ETE	
Zone District:	does not require a change of occurs Use category from Table 15-102:		
WITH PLANNER'S INITIALS	applicant has been advised of Article 27 requirements.		
Business Tax Staff Initials	Tax Account/ Certificate No.		
Verification that copy has been e-archivied	PZ No	Fee	